



Office Use Only	
Date Received	_____
Initial	_____
Amt. Paid	_____

**DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING PERMIT APPLICATION EXTENSION REQUEST**

102 Roadrunner Drive
Sedona, AZ 86336
928-282-1154

OWNER: _____

BUILDING PERMIT NO: _____

MAILING ADDRESS: _____

PROJECT ADDRESS: _____

TYPE OF WORK: _____

CONTACT NAME & PHONE NUMBER: _____

The undersigned hereby requests a 180 day time extension for the above referenced Building Permit application pursuant to Section 303(d) of the Uniform Building Code.

Justification for this request is as follows: _____

Signature of Owner or Authorized Agent

Date

This request must be executed prior to the expiration of the building permit application. No permit can be extended more than once. Please be advised there is a \$50 fee due at the time an extension is applied for.

[] APPROVED FOR A 180 DAY TIME EXTENSION under the following conditions:

[] EXTENSION DENIED for the following reasons:

Director of Community Development

Date

Chief Building Inspector

Date